

# The State of Delaware and VSP offer you great vision care coverage.

As a State of Delaware employee/pensioner, you can enroll in vision coverage for you and your eligible dependents.

## Sign up for VSP® Vision Care.

See how much you can save with VSP.

	Without VSP*	With VSP
Eye Exam	\$123	\$10 Copay
Frame	\$160	\$20 Copay
Single-Vision Lenses	\$84	\$0
Anti-Reflective Coating	\$100	\$61
Transitions® Lenses	\$90	\$62
Self-Only Annual Premium (Pre-tax)	\$0	\$109.08
<b>Total with Glasses</b>	<b>\$557</b>	<b>\$262.08</b>

\* Comparison based on state averages for eye exams and most commonly dispensed brands.

Without eyecare coverage, just **one office visit** for one person can **cost \$550 or more.**

**With VSP coverage, you'll save.**

You'll save  
**\$294.92**  
on average.

### Enrolling in VSP is a snap.

Choose **one** of these four convenient options:

- 1. Online:** Visit VSP at [vsp.com/go/stateofdelaware](http://vsp.com/go/stateofdelaware) and complete the online enrollment form.
- 2. Phone:** Call VSP at **800.400.4569** and speak with a Member Services representative, Monday through Friday, 5:00 a.m. to 7:00 p.m., Pacific time.
- 3. By Mail:** Complete and mail the VSP Enrollment Form.
- 4. By Fax:** Complete and fax the VSP Enrollment Form.

### Choose the coverage that's best for you.

	Monthly
• Employee/Pensioner Only .....	\$9.09
• Employee/Pensioner + Spouse .....	\$14.32
• Employee/Pensioner + Child(ren) .....	\$14.62
• Employee/Pensioner + Family .....	\$23.58

**VSP benefits are increasing with no raise in rates for 2009!**

**ALL EMPLOYEES AND PENSIONERS CURRENTLY ENROLLED IN VSP MUST RE-ENROLL DURING OPEN ENROLLMENT.**





# Your VSP Vision Benefits

Why enroll in a VSP® Vision Care plan? Because we'll help keep you and your eyes healthy with personalized care from a doctor you can trust.

## You'll like what you see with VSP:

- **Personalized Care.** Our doctors take the time to get to know you and your eyes. They'll look for vision problems and signs of other health conditions too.
- **Doctor Network.** You'll find the VSP doctor who's right for you at [vsp.com](http://vsp.com) or by calling us at **800.400.4569**. Our doctors offer flexible hours, a variety of office settings, and eyewear choices you'll love.
- **Value and Savings.** You'll get great savings on your eye exam and eyewear, and discounts on laser vision correction.
- **Satisfaction Guaranteed.** You'll be 100% happy or we'll make it right.

Visit the Eyecare  
Discovery Center® at  
[vsp.com](http://vsp.com) for eye health  
articles, videos, and  
interactive games.

**Enroll today.  
You'll be glad you did.**

After open enrollment, VSP will send a welcome letter confirming your enrollment. Once enrolled, simply tell your VSP doctor you're a member. We'll handle the rest.

**Contact VSP**

[vsp.com/go/stateofdelaware](http://vsp.com/go/stateofdelaware)  
**800.400.4569**



## Your Coverage from a VSP Doctor

**WellVision Exam®** focuses on your eyes and overall wellness.

- \$10 copay ..... every 12 months

### Prescription Glasses

- \$20 copay

Lenses ..... every 12 months

- Single vision, lined bifocal, and lined trifocal lenses
- Polycarbonate lenses for dependent children

Frames ..... every 12 months

- \$160 allowance for frame of your choice
- 20% off amount over your allowance

**OR**

### Contacts

- No copay ..... every 12 months
- \$160 allowance for contacts and contact lens exam (fitting and evaluation)

New and current soft contact lens wearers may qualify for a special program that includes a contact lens evaluation and initial supply of lenses.

### Vision Therapy

Covers supplemental evaluation and treatment plan to correct or improve severe visual problems associated with sensory and/or muscular deficiencies of the eye. Coverage is limited and subject to verification. Call VSP at 800.400.4569 for more information.

## Extra Discounts and Savings

### Glasses and Sunglasses

- Averages 35 - 40% savings on all non-covered lens options
- 30% off additional glasses and sunglasses, including lens options from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam

### Contacts

- 15% off cost of contact lens exam (fitting and evaluation)

### Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.
- After surgery, use your frame benefit (if eligible) for sunglasses from any VSP doctor

## Your Monthly Contribution

Employee Only .....	\$9.09
Employee + Spouse .....	\$14.32
Employee + Children .....	\$14.62
Employee + Family .....	\$23.58

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.



April XX, 2009

Dear State of Delaware Employee/Pensioner,

I'm delighted to offer you comprehensive vision coverage through VSP® Vision Care. You'll get great savings on prescription glasses and contacts and receive personalized care focused on your eye health and overall wellness.

**Open Enrollment is May 4 – May 20.** Your vision benefit will begin July 1. During your open enrollment period, you may enroll yourself and eligible family members. Your premium will depend on the number of family members enrolled. **If you don't enroll by May 20, your next chance to enroll is during the next open enrollment period, for an effective date of July 1, 2010. All employees and pensioners currently enrolled in VSP must re-enroll during open enrollment.**

If you have any questions, visit [vsp.com/go/stateofdelaware](http://vsp.com/go/stateofdelaware), or call VSP at **800.400.4569**.

A handwritten signature in black ink that reads "Pamela Busby".

Sincerely,  
Pamela Busby  
Client Services Manager  
VSP® Vision Care

# VSP Enrollment Form for The State of Delaware

Enrollment # [Variable Data]

[VARIABLE DATA – NAME]  
[VARIABLE DATA – ADDRESS LINE 1]  
[VARIABLE DATA – ADDRESS LINE 2]  
[VARIABLE DATA – ADDRESS LINE 3]

Complete this form to enroll if you haven't already enrolled online or by phone.

- 1. Complete, sign, and date this form.
- 2. Mail to VSP in the enclosed pre-addressed envelope.

## Need to update your contact information?

Please check your contact information above and note changes here:

.....  
.....  
.....

## Do you have an e-mail address?

Please provide your e-mail address to receive an enrollment confirmation and messages about your coverage from VSP.

.....

## Your VSP coverage (choose one):

- ☐ Employee/Pensioner Only
- ☐ Employee/Pensioner + Spouse
- ☐ Employee/Pensioner + Child(ren)
- ☐ Employee/Pensioner + Family



Dependent Name (Only list dependents if you did not select "Employee/Pensioner Only.")	Date of Birth (Month/Day/Year)	Relationship to Enrollee (Spouse, Child, etc.)

**Please read before signing.** By signing below, I agree that all information is true. I understand that VSP will automatically deduct my vision premiums from my paycheck/pension check. Uncollected premiums for two consecutive months will result in termination of my VSP plan benefit unless other payment arrangements are made with VSP.

Enrollee Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Enrollment in the VSP Vision Plan is a Binding Election—once enrolled, you may not drop coverage during the plan year. You must wait until the next Open Enrollment period to make changes or terminate coverage.

### Sign up for VSP.

**May 4 – May 20, 2009**  
Coverage effective: July 1, 2009

**Questions?**  
Visit [vsp.com/go/stateofdelaware](http://vsp.com/go/stateofdelaware)  
or call VSP at 800.400.4569.

Enrolling in VSP is easy.

Choose **one** of these options:

**Online:**  
Visit [vsp.com/go/stateofdelaware](http://vsp.com/go/stateofdelaware) and complete the online enrollment form  
Please enter your name exactly as it appears on this form.

**Phone:**  
Call VSP at **800.400.4569**.

**Mail:**  
Complete and mail this enrollment form.

**Fax:**  
Complete and fax the enrollment form to VSP at **916.463.9031**.

PERFORATION – DOES NOT PRINT